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Bib Data Sheet

SERIAL NUMBER 09/207,161	FILING DATE 12/07/1998 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. PF-0208-1DIV
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APPLICANTS

JENNIFER L. HILLMAN, SAN JOSE, CA ;
SURYA K. GOLI, SUNNYVALE, CA ;

** CONTINUING DATA *****

THIS APPLICATION IS A DIV OF 08/791,338 01/31/1997 PAT 5,889,170

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 12/28/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	8	9	2
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

LEGAL DEPARTMENT
INCYTE PHARMACEUTICALS INC. *Genomics, Inc.*
3140 PORTER DRIVE
PALO ALTO, CA 94304

TITLE

NOVEL HUMAN INTEGRAL MEMBRANE PROTEIN

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/207,161	FILING DATE 12/07/98	CLASS 536	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF-0208US
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APPLICANT

JENNIFER L. HILLMAN, SAN JOSE, CA; SURYA K. GOLI, SUNNYVALE, CA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 12/28/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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Verified and Acknowledged Examiner's Initials _____	LUCY J BILLINGS INCYTE PHARMACEUTICALS INC 3174 PORTER DRIVE PALO ALTO CA 94304
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NOVEL HUMAN INTEGRAL MEMBRANE PROTEIN	
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FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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